

Dr. Blau, Sr.

CITY OF COVINGTON, KY.  
DEPARTMENT OF HEALTH. No. ....

1729.....  
BUREAU OF VITAL STATISTICS.  
CERTIFICATE OF DEATH. 127

1.—Full name of deceased, Alvina Moeller

2.—\*White, Colored. 3.—\*Male, Female. 4.—Age,..... years,..... 5 months,..... days.

5.—\*Single, Married, Widower, Widow. 6.—Occupation,.....

7.—Place of birth, Covington Ky 8.—If foreign born, how long in U. S. .... years.

9.—How long resident in city, 5 Months 10.—Father's Name, Herman Moeller

11.—Father's birthplace, Covington Ky 12.—Mother's Name, Mary Muller

13.—Mother's birthplace,.....

14.—Place of death, No. 802 Craig St Ward.....

15.—Place of Residence, No. 802 Ward.....

16.—Private, Tenement, Public Institution. 17.—Date of death, Feb 3/99

18.—Cause of death, { Remote or Predisposing..... Scaraphaeosis  
Immediate..... Heart

19.—Duration of last illness, about 1 week 20.—I certify that I attended the above named in her last illness.

21.—Date of interment, Feb 9 1899 M. St. Joseph's M. D.

22.—Place of interment, Old Mother of God Cemetery Address, 156 West 8th St

23.—Name of Undertaker, John R. Widdendorf Covington Ky

DRAW A LINE THROUGH WORDS NOT REQUIRED.